

UNITED STATES HOUSE OF REPRESENTATIVES
2016 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees

APPROVED MAY 05 2017
LEGISLATIVE RESOURCE CENTER
JOHN BRISCOE
OFFICE OF THE CLERK
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MAY 14 PM 1:10

Name: JOHN BRISCOE Daytime Telephone: _____

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>CALIFORNIA</u> District: <u>47</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
REPORT TYPE	<input checked="" type="checkbox"/> 2018 Annual (Due: May 2018)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____	

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

APPROVED

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

JOHN BRISCOE

Page

3 of 22

BLOCK A		BLOCK B													BLOCK C							BLOCK D																								
Assets and/or Income Sources		Value of Asset													Type of Income							Amount of Income																								
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year											
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
	HAN (SCITE 401K						X																X												X											
	FGM BANK (SP/DC)		X																				X												X											
	ONSD CAPITAL			X																			X												X											
	FGM BANK PAT.		X																				X												X											
	VOYA P.A.T.		X																				X												X											
	VOYA SAVINGS						X																X												X											
	CENTAURUS BANK		X																				X												X											
	CENTAURUS ROYALTY			X																			X												X											
	WISCONSIN STATE				X	X																	X												X											
	FGM BANKS TRUST																						X												X											
	FGM (ASTORIA TRST)							X															X												X											
	BOFA (WELLS)		X																				X												X											
	BOFA CHEVINC		X																				X												X											
	BOFA CHEVINC		X																				X												X											

Page 7 of 7

~~MAY 5 - 2018 / 20~~

Use additional sheets if more space is required

APPROVED

Name: JOHN BRISCOE

Page 5 of 22

MAY 5 / 2018 / 20 BLOCK D

Use additional sheets if more space is required

APPROVED

Name: JOHN BRISCOE

Page 6 of 42

Use additional sheets if more space is required.

APPROVED

JOHN BRISCOE

~~MAY 2~~ / 2018 / 20

Page 1 of 1

Use additional sheets if more space is required

APPROVED

JAMES BRISCOE

MAY 5 - 7 2018 / 2019

Use additional sheets if more space is required.

APPROVED

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: **JAY BRISCOE**

DATE: **MAY 5 - 2018**

Page **9** of **22**

BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income																								
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year											
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																																													
	RENTAL																						</																							

APPROVED

JOHN BRISCOE

Name: JOHN BRISCOE / 2018 / 20

Page 10 of 22

Use additional sheets if more space is required.

IMPROVED

BRISCOE

Page 11 of 22

Use additional sheets if more space is required.

APPROVED

Name: JOHN BRISCOE DATE: 7/20/18/1800	Page: 12 of 22
--	----------------

Use additional sheets if more space is required

APPROVED

JOHN BRISCOE

Page 15 of 20

MAY 5 - 2018 / 20

Use additional sheets if more space is required

SCHEDULE B - TRANSACTIONS

APPROVED

Name: JOHN BRISCOE

MAY 5 / 2018/20

Page 14 of 22

SP, DC, JT		Type of Transaction				Date	Amount of Transaction											
SP	Asset	Purchase	Sale	Partial Sale	Exchange	Check Box if Capital Gain Exceeded \$200	(MO/DA/YR) or Quarterly, Monthly, or Bi- weekly, if applicable	A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse's DC Asset)
Example	Mega Corp. Stock			X		X	5/27/16		X									
	RENTAL 15732	X					8/28/16											
	RENTAL 14861 #200	X					4/21/17											
	RENTAL 116542 #100	X					3/20/17											
	RENTAL 14861 #202	X					5/23/17											
	RENTAL 18900 #112	X					4/24/18											
	RENTAL 18900 #111	X					6/7/17											
	RENTAL 18900 #346	X					4/6/17											
	RENTAL 18900 #230	X					3/30/17											
	RENTAL 18900 #357	X					4/21/17											
	RENTAL 18900 #105	X					3/15/18											
	RENTAL 18900 #345	X					12/23/17											
	RENTAL 2524 #6	X					3/6/18											
	RENTAL 354 #34	X					3/28/18											
	RENTAL 354 #31	X					4/4/18											
	RENTAL 354 #32	X					4/24/18											
	RENTAL 354 #35	X					2/7/18											
	RENTAL 1250 PAST #2	X					6/29/17											
	RENTAL 1250 PAST #5	X																
	RENTAL 1331 PAST #9	X																

SCHEDULE B - TRANSACTIONS

Name: **BRISCOE**

DATE: **5/20/20**

Page **15** of **22**

Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.		Type of Transaction				Date	Amount of Transaction											
SP, DC, JT	Asset	Purchase	Sale	Partial Sale	Exchange	Check Box if Capital Gain Exceeded \$200	(MO/DA/YR) or Quantity, Monthly, or Bi-weekly, if applicable	A \$1,001-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H \$5,000,001-\$25,000,000	I \$25,000,001-\$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)
Example	Mega Corp. Stock			X			1/3/19		X									
	RENTAL 1001 # 203				X		1/3/19				X							
	RENTAL 1001 # 205				X		6/6/17				X							
	RENTAL 1001 # 208				X		9/21/17				X							
	RENTAL 1001 # 211				X		2/15/19				X							
	RENTAL 543 # 21F				X		3/3/17				X							
	RENTAL 543 # 22F				X		11/28/17				X							
	RENTAL 837 # 10		X			X	11/8/17				X							
	RENTAL 837 # 11				X		8/29/17				X							
	RENTAL 545 # 204				X		3/11/16				X							
	RENTAL 545 # 215				X		4/26/16				X							
	RENTAL 635 # 3				X		5/27/16				X							
	RENTAL 635 # 11				X		9/11/16				X							
	RENTAL 635 # 23				X		10/9/16				X							
	RENTAL 723 # 23				X		7/26/16				X							
	RENTAL 80 # 4D		X			X	12/11/17					X						

APPROVED
JAN 11 1964
BRISCOE

10.22

MAY 57 2018/2019
sent by the U.S. government to the
000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,405. The 2017 limit is \$27,765. In addition, certain lines of income (notably, honoraria, director's fees, and retainers for professional services involving a fiduciary relationship) are legally prohibited.

INCOME LIMITS and PROHIBITED INCOME: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,485. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

27

Archiv

State of Maryland
Civil War Roundtable (Oct. 2)
Ontario County Board of Education

ឧបសគ្គបំណង
ប្រភេទ ឧបសគ្គ
កម្រិត ឧបសគ្គ

\$18,000
\$1,000
14%

00372 VISU SCHEM DISTRICT ST. BEND

0639 NISW SCAFOX MUSEUM

CR55 TNAVE 19201927 NNAEEN T

SSA Social Security

WMS Inc. Pension

LATENT PRACTICE (CONGRATULATIONS)

Magnesium 60-17155 670



Use additional sheets if more space is required.

APPROVED
JOHN BRISCOE
Name:

22 of 22

MAY 5 - 2018 / 20

About the Publisher

[illegible]

SCHEDULE D - LIABILITIES

APPROVED

Member: JOHN BRISCOE

MAY 5 7 2018/20

Page 18 of 22

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liability held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/01	Mortgage on Rental Property, Dover, DE				X							
	BANK OF AMERICA 225 # 210	12/14/04	CONC LONC CA				X							
	BANK OF AMERICA 225 # 211	12/30/04	CONC LONC CA				X							
	BANK OF AMERICA 225 # 214	12/30/04	CONC LONC CA				X							
	BANK OF AMERICA 225 # 215	6/16/03	CONC LONC CA				X							
	US BANK 225 # 303	11/28/00	CONC LONC CA				X							
	BANK OF AMERICA 225 # 307	6/12/03	CONC LONC CA				X							
	BANK OF AMERICA 225 # 308	6/16/03	CONC LONC CA				X							
	US BANK 225 # 310	6/16/00	CONC LONC CA				X							
	BANK OF AMERICA 225 # 311	3/29/03	CONC LONC CA				X							
	BANK OF AMERICA 225 # 312	3/25/03	CONC LONC CA				X							
	BANK OF AMERICA 225 # 314	9/23/03	CONC LONC CA				X							
	BANK OF AMERICA 225 # 408	5/19/02	CONC LONC CA				X							
	BANK OF AMERICA 225 # 503	12/27/04	CONC LONC CA				X							
	BANK OF AMERICA 225 # 504	9/25/03	CONC LONC CA				X							
	BANK OF AMERICA 225 # 505	4/23/03	CONC LONC CA				X							

SCHEDULE D - LIABILITIES

Name: **JOHN BRISCOE**

DATE: **MAY 5 7 2018/20**

Page: **18 of 22**

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/90	Mortgage on Rental Property, Dover, DE				X							
	BANK OF AMERICA 225 # 211	12/30/04	CONSUMER CREDIT				X							
	BANK OF AMERICA 225 # 214	12/30/04	CONSUMER CREDIT				X							
	BANK OF AMERICA 225 # 215	6/16/03	CONSUMER CREDIT				X							
	US BANK 225 # 303	11/28/00	CONSUMER CREDIT				X							
	BANK OF AMERICA 225 # 304	6/12/03	CONSUMER CREDIT				X							
	BANK OF AMERICA 225 # 308	6/16/03	CONSUMER CREDIT				X							
	US BANK 225 # 310	6/16/00	CONSUMER CREDIT				X							
	BANK OF AMERICA 225 # 311	3/29/03	CONSUMER CREDIT				X							
	BANK OF AMERICA 225 # 312	3/25/03	CONSUMER CREDIT				X							
	BANK OF AMERICA 225 # 314	9/23/03	CONSUMER CREDIT				X							
	BANK OF AMERICA 225 # 408	5/17/02	CONSUMER CREDIT				X							
	BANK OF AMERICA 225 # 503	12/27/04	CONSUMER CREDIT				X							
	BANK OF AMERICA 225 # 504	9/23/03	CONSUMER CREDIT				X							
	BANK OF AMERICA 225 # 505	4/23/03	CONSUMER CREDIT				X							

APPROVED
Name: JOHN BRISCOE
Page 19 of 22

2018-2019

[illegible]

APPROVED
 Matthew
 JOHN BRISCOE
 MAY 1 1983

Page 22 of 22

MAY 5 2018

[illegible]

APPROVED

Name: JOHN BRISCOE

Page 21 of 22

APPROVED
JOHN BRISCOE

21 of 22

MAY 31 2010

Amount of Liability

SF - 7

Position

Name of Organization

Use additional sheets if more space is required.

APPROVED
Name: JOHN BRISCOE

Page 22 of 22

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

[illegible]